

Product-Plan Data Collection

Company Legal Name: Aetna Health Inc. (a PA corp.)
 HIOS Issuer ID: 67190
 Effective Date of Rate Change(s): 1/1/2022

State: DE
 Market: Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + V.
 To finalize, select the Finalize button or Ctrl + Shift + F.
 To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
 To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

NOTE: PRICING MODEL RATES HAVE NOT BEEN VALIDATED

Product/Plan Level Calculations

Field #	Section I: General Product and Plan Information		
1.1	Product Name		HNOption
1.2	Product ID		67190E0004
1.3	Plan Name		HNOption 7000
1.4	Plan ID (Standard Component ID)		67190E00040061
1.5	Metal		Silver
1.6	AV Metal Value		0.684
1.7	Plan Category		Renewing
1.8	Plan Type		POS
1.9	Exchange Plan?		No
1.10	Effective Date of Proposed Rates		1/1/2022
1.11	Cumulative Rate Change % (over 12 mos prior)		3.83%
1.12	Product Rate Increase %		3.82%
1.13	Submission Level Rate Increase %		3.82%

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information	Total	67190E00040061
	2.1 Plan ID (Standard Component ID)		
\$1,078,032	2.2 Allowed Claims	\$1,078,032	\$1,078,032
\$0	2.3 Reinsurance	\$0	\$0
	2.4 Member Cost Sharing	\$290,671	\$290,671
	2.5 Cost Sharing Reduction	\$0	\$0
\$787,360	2.6 Incurred Claims	\$787,361	\$787,361
\$15,668	2.7 Risk Adjustment Transfer Amount	\$15,668	\$15,668
\$1,477,298	2.8 Premium	\$1,477,298	\$1,477,298
2,524	2.9 Experience Period Member Months	2,524	2,524
	2.10 Current Enrollment	304	304
	2.11 Current Premium PMPM	\$701.31	\$701.31
	2.12 Loss Ratio	52.74%	52.74%
	Per Member Per Month		
	2.13 Allowed Claims	\$427.11	\$427.11
	2.14 Reinsurance	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$115.16	\$115.16
	2.16 Cost Sharing Reduction	\$0.00	\$0.00
	2.17 Incurred Claims	\$311.95	\$311.95
	2.18 Risk Adjustment Transfer Amount	\$6.21	\$6.21
	2.19 Premium	\$585.30	\$585.30

Section III: Plan Adjustment Factors			67190E00040061
3.1	Plan ID (Standard Component ID)		67190E00040061
	3.2 Market Adjusted Index Rate		\$743.89
	3.3 AV and Cost Sharing Design of Plan		0.7120
	3.4 Provider Network Adjustment		1.0000
	3.5 Benefits in Addition to EHB		1.0000
	Memorandum Costs		
3.6	Administrative Expense		10.13%
3.7	Taxes and Fees		5.35%
3.8	Profit & Risk Load		4.74%
3.9	Catastrophic Adjustment		1.0000
3.10	Plan Adjusted Index Rate		\$663.83
3.11	Age Calibration Factor	0.6573	0.6573
3.12	Geographic Calibration Factor	1.0000	1.0000
3.13	Tobacco Calibration Factor	1.0000	1.0000
3.14	Calibrated Plan Adjusted Index Rate		\$436.37

Section IV: Projected Plan Level Information	Total	67190E00040061
4.1	Plan ID (Standard Component ID)	
4.2	Allowed Claims	\$1,356,520
4.3	Reinsurance	\$0
4.4	Member Cost Sharing	\$409,581
4.5	Cost Sharing Reduction	\$0
4.6	Incurred Claims	\$946,940
4.7	Risk Adjustment Transfer Amount	-\$269
4.8	Premium	\$1,211,009
4.9	Projected Member Months	1,824
4.10	Loss Ratio	78.21%
	Per Member Per Month	
4.11	Allowed Claims	\$743.71
4.12	Reinsurance	\$0.00
4.13	Member Cost Sharing	\$224.55
4.14	Cost Sharing Reduction	\$0.00
4.15	Incurred Claims	\$519.16
4.16	Risk Adjustment Transfer Amount	-\$0.15
4.17	Premium	\$663.93